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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 193	
1. PLACE OF DEATH				STATE		REGISTERED NO.		494	
COUNTY <u>Mariopha</u>				OR VILLAGE		WARD			
TOWNSHIP <u>Phoenix</u>				CITY <u>Phoenix</u>		NO. <u>Good Samaritan Hospital</u>			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)									
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED				YRS. <u>10</u> MOS. <u>07</u> DS. <u>05</u>		HOW LONG IN U. S. IF OF FOREIGN BIRTH		YRS. <u>07</u> MOS. <u>05</u> DS. <u>05</u>	
2. FULL NAME <u>Rufus Floyd Vaughn</u>				LONG IN STATE WHEN DEATH OCCURRED		YRS. <u>10</u> MOS. <u>07</u> DS. <u>05</u>			
(A) RESIDENCE: NO. <u>11215 E. Roma St.</u>				CITY <u>Phoenix</u>		STATE <u>ARIZ.</u>			
(USUAL PLACE OF ABODE)									
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 17, 1935</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED		HUSBAND OF <u>William Frank Vaughn</u>		(OR) WIFE OF <u>William Frank Vaughn</u>		I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Jan. 2, 1935</u> TO <u>April 17, 1935</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 24, 1905</u>		7. AGE <u>31</u> YEARS <u>7</u> MONTHS <u>23</u> DAYS		IF LESS THAN 1 DAY, <u>0</u> HRS. <u>0</u> MIN.		LAST SAW HIM ALIVE ON <u>April 17, 1935</u>		DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>11:50 A.</u> M.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Truck Driver</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Truck Driver</u>		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>April 17, 1935</u>		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>10</u>		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
12. BIRTHPLACE (CITY OR TOWN) <u>Howland</u>		(STATE OR COUNTY) <u>Utah</u>		13. NAME <u>William Frank Vaughn</u>		14. BIRTHPLACE (CITY OR TOWN) <u>Miss</u>		(STATE OR COUNTY) <u>Miss</u>	
15. MAIDEN NAME <u>Uelta Morton</u>		16. BIRTHPLACE (CITY OR TOWN) <u>Utah</u>		(STATE OR COUNTY) <u>Utah</u>		17. INFORMANT (ADDRESS) <u>11215 E. Roma St. Phoenix</u>		18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Meda</u> DATE <u>4/19/35</u>	
19. EMBALMER (ADDRESS) <u>Meda</u>		FUNERAL DIRECTOR (ADDRESS) <u>Meda</u>		20. FILED <u>4/22</u> , 19 <u>35</u>		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>DATE OF INJURY</u> <u>1935</u>		WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE) <u>Phoenix</u>	
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>		IF SO, SPECIFY (SIGNED) <u>R.D. Shuppes</u>		(ADDRESS) <u>411 Aurora St.</u>		NAME OF OPERATION <u>Drainage of abscess</u>		DATE OF OPERATION <u>April 15, 1935</u>	
WHAT TEST CONFIRMED DIAGNOSIS <u>Strep. pneumoniae</u>		WAS THERE AN AUTOPSY? <u>yes</u>		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>DATE OF INJURY</u> <u>1935</u>		WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE) <u>Phoenix</u>		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>no</u>	
MANNER OF INJURY <u>no</u>		NATURE OF INJURY <u>no</u>		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>		IF SO, SPECIFY (SIGNED) <u>R.D. Shuppes</u>		(ADDRESS) <u>411 Aurora St.</u>	